



**Post-doctoral Residency in Clinical Psychology with an Emphasis in Psychosocial Rehabilitation/LGBT Healthcare**

**VA Connecticut Healthcare System**  
Errera Community Care Center  
114-52 Boston Post Road  
West Haven, CT 06516  
<http://www.connecticut.va.gov/>



**Application Due Date: January 1, 2017**

**Accreditation Status**

The psychology residency program is accredited by the Commission on Accreditation of the American Psychological Association. Our next accreditation site visit will be in 2021.

**For additional information regarding APA accreditation of this training program or other accredited sites, please write or call:**

Office of Program Consultation & Accreditation  
American Psychological Association  
750 First Street NE  
Washington, DC 20002-4242  
Phone: 202-336-5979  
Web: [www.apa.org](http://www.apa.org)

**Application & Selection Procedures**

**APPLICANT ELIGIBILITY CRITERIA:**

**Applicants for the Psychology Post-doctoral Residency Program must meet the following minimum requirements:**

1. Successful completion of all requirements towards earning a doctoral degree from an APA-Accredited Clinical or Counseling Psychology (including dissertation defense) graduate program.
2. Successful completion of an APA-Accredited Psychology Pre-doctoral Internship Program.
3. U.S. Citizenship.

4. Successfully meet mandatory requirements for appointment as a Federal Employee, including, but not limited to: willingness to participate in the government's drug testing procedures and consent to participate in fingerprinting and a background check to verify your application information and/or criminal history. Applicants who do not successfully pass this background check and/or drug test are ineligible for our program. Successfully meet mandatory requirements for appointment as a Federal. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

### **APPLICATION PROCESS:**

Application review begins on January 1<sup>st</sup>. To apply, please send the following:

1. A cover letter detailing your experiences with the Lesbian, Gay, Bisexual, and Transgender population as well as any experiences with serious mental illness, recovery-oriented clinical services, and/or community-based clinical work. Please identify how this fellowship will meet your training and career goals
2. Curricula Vita
3. 3 letters of recommendation

Application materials can be sent in one package or separately. Electronic copies are preferred. For recommendation letters, any of the following will be accepted: a) scanned pdf files of original letters that include signatures, b) emailed letters, if sent directly from the recommender's work email account, or c) hard copies of signed letters sent via mail.

### ***Application materials should be sent to the attention of:***

Lynette Adams, Ph.D.  
LGBT Track Director, Interprofessional Fellowship in Psychosocial Rehabilitation  
[Lynette.Adams@va.gov](mailto:Lynette.Adams@va.gov)  
(203) 932-5711 x5402

Mailing address:  
Psychology Service (116B)  
VACHS  
950 Campbell Ave,  
West Haven, CT 06516

## **APPLICATION SELECTION:**

- All completed applications are reviewed by the Training Directors. Based on a systematic review of all applications, a subset of candidates are invited to interview.

## **Compensation and Benefits:**

Each psychology post-doctoral resident receives a stipend of \$46,694 plus benefits for the 1 year residency from September 2017 to August 2018 (this amount may be adjusted annually). The VA allocates additional funds for FICA and other benefits that include health and life insurance. All residents receive Yale Staff Affiliations which provide them with library privileges.

## **The Psychology Postdoctoral Residency Training Program with an Emphasis in Psychosocial Rehabilitation**

The VA Connecticut Healthcare System (VACHS) offers psychology postdoctoral training with an emphasis in Psychosocial Rehabilitation (PSR), a therapeutic approach that encourages individuals with severe mental illnesses (SMI) to develop his or her fullest capacities through learning and environmental supports. This funded training program resulted from a Veterans Health Administration (VHA) initiative first announced in 2002 as part of the U.S. Department of Veterans Administration's 2002 national initiative to promote psychosocial rehabilitation training, research, and program development. The residency follows the scientist-practitioner model and is an interdisciplinary mental health program that offers training in clinical services, program development, research and education to applicants from related mental health disciplines including psychiatry, nursing, social work, and rehabilitation counseling in addition to psychology postdoctoral residents. The residency at VACHS sponsors up to 5 trainees, with two designated psychology post-doctoral residency positions. There is an additional PSR/LGBT emphasis psychology training slot, as described below.

The residency is hosted by VA Connecticut Health Care System at the West Haven division. Residents report to the Psychology Service for matters of professional conduct and development. The residents are primarily based at the Errera Community Care Center (ECCC), but also interact with other programs in the Mental Health Service Line such as the Outpatient Mental Health Clinic, the Inpatient Mental Health Recovery Unit, among other settings.

The psychology residency experience is unique for each psychology resident and is comprised of clinical, program development, teaching and/or research opportunities. The psychology residents participate as members of interdisciplinary teams for approximately 20 hours per week for their primary clinical placements for the duration of the training year. In addition to attending weekly seminars and supervision sessions, psychology residents have secondary requirements which average from two to six hours per week and electives designed to round out their psychology residency experiences. In all, approximately 40% of residents' time is devoted to direct service delivery.

### LGBT Track of the PSR Training Program

One psychology resident in the 2017-2018 training year will have a training plan that has an emphasis on Lesbian, Gay, Bisexual, and Transgender (LGBT) Veteran Healthcare. The resident in this track will participate in a primary placement (up to 20 hours a week) like all other residents. In addition to weekly PSR seminars and supervision offered to all residents, secondary requirements will focus on LGBT Healthcare. These experiences will include participation in the LGBT subcommittee, assignment of LGBT-identified individual therapy cases, training of clinical staff on topics pertaining to LGBT healthcare, consultation across the hospital on LGBT cases, development and facilitation of support groups for LGBT-identified Veterans, and a half day in primary care specialty clinics (e.g., women's clinic). Additional secondary experiences will be based on the individual training plan of the LGBT-track resident.

If you have an interest in being considered for the LGBT-Track of the PSR fellowship, please clearly state this in your cover letter/application materials, and indicate whether you would like to be considered only for the LGBT Track. Please send materials to:

Lynette Adams, Ph.D.  
LGBT Track Director, Interprofessional Fellowship in Psychosocial Rehabilitation  
[Lynette.Adams@va.gov](mailto:Lynette.Adams@va.gov)  
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## ***Psychology Setting***

### **OVERVIEW OF VA CONNECTICUT HEALTHCARE SYSTEM (VACHS)**

VA Connecticut Healthcare System (VACHS) consists of two major medical centers (West Haven and Newington campuses) as well as six Community Based Outpatient Clinics. Care in this system emphasizes an outpatient, primary care model of healthcare delivery with an expanding array of community-based services. Inpatient medical, surgical, psychiatric and rehabilitation services as well as tertiary care outpatient services are also available. Similar to other VA settings throughout the nation, the Psychology Service at VACHS is witnessing a recent and rapid growth in mental health staff in recent years. Moreover, VACHS hosts an impressive complement of at least a dozen research psychologists supported through VA and other funding sources. Many of these research psychologists serve as additional research mentors for the various psychology trainees at VACHS.



The credentials of psychologists at VACHS are exceptional and diverse. The vast majority of psychologists at VACHS hold an academic appointment with Yale University and/or the University of Connecticut and regularly contribute to peer-reviewed scholarly publications. Within their respective areas of specialization, the notoriety of several members of our Psychology Service as existing and/or emerging experts within their areas is evident. Members of our Service regularly serve in leadership roles within the American Psychological Association as well as other national or international professional organizations. Psychologists from VACHS are also regularly involved in cutting-edge programs spearheaded by VA Central Office. For example, members of the Psychology Service have contributed towards national VA projects aimed at addressing the ongoing and emerging needs of Veterans include: (a) leadership roles related to national VA Initiatives, including promotion of effective, evidence-based pain management; (b) consultant roles such as participation in the VA Smoking and Tobacco Cessation Technical Advisory Group; (c) implementation of National VA Health Promotion Programs, including successful implementation of the Managing Obesity/Overweight in Veterans Everywhere (M.O.V.E.!) throughout VACHS; and (d) development of novel VA-Sponsored Public Health Programs within emerging areas such as health promotion among Veterans with severe mental illness and tobacco cessation among Veterans infected with HIV. In addition, several staff psychologists at VACHS are actively involved in one or more focused areas emphasized by the VA's Mental Health Strategic Plan – including Geriatrics, Home-Based Primary Care, Interprofessional Care, Neuropsychology, Mental Health – Primary Care Integration, Recovery Models of Care (such as Psychosocial Rehabilitation), Traumatic Brain Injury, Auditory Disorders, and Women's Needs.

### **PSYCHOLOGY TRAINING AT VACHS**

VACHS provides a wealth of training opportunities for future psychologists. At the practicum level, VACHS has a long-standing history of recruiting ambitious trainees from several local psychology training programs including Yale University, University of

Connecticut, Connecticut College, and University of Hartford. Formal academic affiliations and training plans are developed for each practicum student, which includes written evaluations that are submitted to the student's host institution as well as maintained within VACHS.

At the psychology internship level, VACHS hosts two (2) APA-accredited training programs: (1) A Clinical Psychology Predoctoral Internship Program sponsored by the West Haven Campus, which typically trains 9 full-time, paid interns per year; and (2) Internship training at the Newington Campus, which is part of the Greater Hartford Clinical Psychology Internship Consortium, and typically trains 6 full-time, paid interns per year.

In addition to our APA-Accredited Clinical Psychology Postdoctoral Residency Program with an emphasis in Psychosocial Rehabilitation at VACHS, postdoctoral residency training for future psychologists is available through the following training programs, each of which typically accepts 1-3 clinical psychology postdoctoral residents per year: (1) the Clinical Health Psychology Postdoctoral Residency Program; (2) the MIRECC Fellowship Program; and (3) the Clinical Neuropsychology Postdoctoral Residency Program.

## **Overview of the Errera Community Care Center (ECCC)**

The ECCC of VACHS is the host site of the residency program. The ECCC is housed in a beautifully renovated 1920s factory. Over the past two decades, through a steady process of program modification and development, the ECCC has evolved into one of the leading centers of innovation in psychosocial rehabilitation and in the integration of the psychosocial and biomedical approaches.

At the ECCC, multidisciplinary teams of mental health professionals provide an array of community-based rehabilitative programs including: day and crisis intervention programs (for individuals struggling with mental illness and/ or substance abuse disorders, homelessness, and/or aging); vocational programs; housing programs (ranging from subsidized to non-subsidized, supported to non-supported); homeless outreach and advocacy; clinical case management programs and wellness programs. Believing in recovery and hope, and utilizing the principles of psychiatric rehabilitation, ECCC staff members partner directly with the Veteran being served to identify his or her goals and needs. Rehabilitation care plans build on the person's strengths and help the individual compensate for the negative effects of the psychiatric disability. Where possible, services and supports are provided in the community to enhance natural support systems, and to advance independence and integration that enable each individual to live and function at optimal levels in the least restrictive environment possible.

Critical to the full spectrum of services provided at the ECCC are the community partnerships that have been established and nurtured with the State of Connecticut Departments of Mental Health and Addiction Services, Department of Labor, AT&T, National Alliance on Mental Illness, Department of Housing and Urban Development, local housing authorities, politicians, homeless coalitions and shelters, and numerous mental health and health provider agencies with access to a wide range of people in recovery in the region.

The ECCC programs are accredited both by Joint Commission of Accrediting Hospital Organizations and Committee Accrediting Rehabilitation Facilities (CARF). VA Northeast Program Evaluation Center (NEPEC) data on several of the ECCC programs (Mental Health Intensive Case Management, Compensated Work Therapy, Critical Time Intervention, Supported Employment, and Healthcare for Homeless Veterans) demonstrate that the ECCC is successfully reaching its goals of efficiently delivering effective treatment in the right place and at the right time. Specifically, the ECCC has implemented a cost-effective community based treatment continuum of care aimed at reducing hospital usage and clinical symptoms while improving quality of life and community involvement. More importantly, Veterans report increased satisfaction with the newer outpatient models of care and feeling better about themselves as they are more responsible for the positive choices they make in their own lives.

VACHS's ECCC program has repeatedly been identified by the VA nationally as one of the best models for the long-term care for Veterans with severe mental illnesses (SMI). The ECCC serves as a mentor to developing programs nationally. Team members are consistently requested to serve as faculty in national VA trainings for working with individuals with SMI.

## **THE RESIDENCY PROGRAM**

This residency enhances many components of the residents' previous training and equips them with a specialized set of skills that have been demonstrated to be effective with individuals with severe and persistent mental illnesses and/or substance use disorders, as well as those individuals working to reintegrate back into their communities. A goal for the residents is to engage in assessment, crisis intervention, psychotherapy and psychoeducation, vocational rehabilitation, relapse prevention and planning, and rehabilitative skills training. An associated goal for residents when working with individuals, groups, and families, is to learn and then apply evidence-based psychotherapeutic and psycho-educational techniques. Our training philosophy is strongly based on the scientist-practitioner model. Residents are taught evidence-based practices, such as Social Skills Training, Illness Management and Recovery, and Acceptance and Commitment Therapy. Using their knowledge and acquired skills residents engage in a scholarly pursuit that culminates in a presentation that each resident makes at a national conference. The practice of psychosocial rehabilitation is one in which psychologists and post-doctoral psychology residents can provide leadership on interdisciplinary teams; consultation to providers and systems of care; program design, implementation and evaluation; and policy analysis and advocacy.

Residents integrate into the various clinical programs of the ECCC for the duration of the training year where they provide individual, group and/or family interventions (including biopsychosocial assessment, psychotherapy, psycho-education, clinical case management, and program consultation). Direct practice experiences are coupled with seminars that teach the principles and practices of evidence-based and evolving practices such as: Social Skills Training, Acceptance and Commitment Therapy, Illness Management Recovery, Supported Employment, supported housing, clinical case management, psychopharmacology, Boston University Psychiatric Rehabilitation Model, family psycho-education and psychotherapy models, Psychiatric Advanced Directives, and Dialectical Behavioral Therapy.

## **THE RESIDENCY TRAINING EXPERIENCE**

At the beginning of the training year, residents spend the first three weeks orienting to VACHS, the Mental Health Service Line, and the ECCC programs. Each resident spends one day with each ECCC program, attending rounds, meetings and groups, and shadowing staff members. Each resident meets with the primary preceptor from the clinical team to learn about the role of and expectations for the resident with the program. At the end of the three week orientation period, residents discuss their impressions and training needs with the Director of Training and then submit their top three choices for primary placements. The Residency Training Committee then reviews resident selections and program fit before finalizing placements. Since the residency Training Committee often selects residents with a diversity of clinical interests, residents' first choices are most often honored.



## **PRIMARY CLINICAL PLACEMENTS**

The residents participate as members of interdisciplinary teams for approximately 20 hours per week for their primary clinical placements for the duration of the training year. In addition to attending weekly seminars and supervision sessions, residents have several secondary requirements and electives designed to round out their residency experiences (described below).

A number of distinct clinical programs are available to residents for primary placements. Within each of these programs, residents work closely with a wide range of allied healthcare providers (including: nurses, social workers, psychiatrists, occupational therapists, vocational specialists, recreational therapists, medical residents, dietitians, art therapists, etc.), family members, and other community partners. Each program provides a primary preceptor to facilitate administrative and clinical flow for the resident within the context of the team. Clinical supervision is provided by a licensed staff member from the resident's respective discipline. Primary placement opportunities include:

- Psychosocial Rehabilitation Recovery Center (PRRC)
- Compensated Work Therapy/ Vocational Services
- Critical Time Intervention (CTI)
- Healthcare for Homeless Veterans (HCHV)
- Homeless Patient Aligned Care Team (HPACT)
- The HUD-VA Supported Housing (HUD-VASH) Program
- Mental Health Intensive Case Management Program (MHICM)
- The ECCC Wellness Center
- The Inpatient Mental Health Recovery Unit (8-East)

Brief descriptions of these programs available to residents for primary clinical placements are below.

## **SECONDARY PLACEMENT OPPORTUNITIES**

During the remaining 20 hours of the week, residents attend weekly seminars, supervisory sessions, and have several secondary experiences designed to round out their understanding and knowledge of community mental health and psychosocial rehabilitation. These secondary experiences include both the required and optional opportunities listed here:

### **Required:**

- A rotation with the Behavioral Health Recovery Clinic (BHRC) "Recovery from the Start" where the residents are part of recovery-driven system transformation within VACHS. This is a project addressing client flow into and through the mental health services provided by the Outpatient Clinic). The residents serve as the initial portal into mental health services for new/transitioning Veterans. These appointments allow Veterans to meet one-on-one with a clinician to orient the Veteran to mental health and other recovery-oriented services provided at VACHS. Specifically, residents provide diagnostic clinical assessments, conduct needs assessments, work

on initial goal-setting, provide psychoeducation to meet the Veteran's expressed needs, help motivate Veterans to engage in treatment and assist in data collection and program evaluation. Each resident spends approximately 4-6 hours per week, for four months, in this rotation. Residents and other trainees meet on Mondays or Thursdays at 3 pm at the medical center with Meaghan Stacy, Ph.D., and Theddeus Iheanacho, MD, to review cases and process their experiences. They also have the opportunity to lead rounds and facilitate discussions, offering supervision and team leading experience.

- Facilitating an Acceptance and Commitment Therapy group on the inpatient unit.
- Formally learning the model and facilitating Social Skills Training groups in different settings.
- Designing, developing, and implementing an Educational Dissemination Project (EDP) – that can be presented at the Psychiatric Rehabilitation Association's (PRA) Annual Conference. An EDP can include designing a new psycho-educational group or program, research, an impact statement, or a policy initiative.

**Optional:**

The list below includes activities that have been established by residents in previous years as well as new opportunities, but the resident may develop their own projects as well.

- Wellness Center – group or individual work
- Wellness Center – clinical research
- PTSD Outpatient Firm – carry 2-3 clients
- PTSD Firm co-facilitate 1 group
- Coordinate and facilitate monthly training for Peer Specialists
- Facilitate Wellness Groups in the Substance Abuse Day Program, PRRC or Positively Silvers (55+) program
- Facilitate and design a Community Reintegration Program group
- Conduct research with the Northeast Program Evaluation Center
- Conduct a waitlist group for the Compensated Work Therapy program
- Develop a vocationally oriented group
- Behavioral Health Recovery Clinic research
- Behavioral Health Recovery Clinic program development
- Inpatient unit recovery programming
- Women's Clinic – co-facilitate a Military Sexual Trauma group
- Neuropsychology Assessment with John Beauvais, Ph.D.,
- Cognitive interventions research with Joanna Fiszdon, Ph.D.
- Annual homeless count - participate in one evening of community canvassing
- Liaison with community partners
- Facilitate arts programming (music and art)

Each resident's training plan is individually tailored to meet specific training needs to develop competence in a full range of community mental health and psychosocial rehabilitation skills. After orienting to the programs and opportunities available, residents meet with faculty to select placements and design their training plans. Each resident receives supervision from several faculty members during the year. In addition, each resident is part of a coordinated training experience in which the residents regularly interact with each other and have a weekly meeting to discuss their training experiences, and development of professional identity and competence.

## **PRIMARY CLINICAL PLACEMENTS FOR THE RESIDENCY**

### **Psychosocial Rehabilitation Recovery Center (PRRC)**

The PRRC is comprised of interdisciplinary team including (at any given time) occupational therapists, peer staff, social workers, psychologists, nurses, psychology interns, psychiatrists, psychiatry residents, and others. The structure of PRRC includes both PSR model groups and clinical case management. PRRC serves Veterans who have chronic, severe psychiatric illnesses and substance abuse disorders as well as Veterans in crisis. PRRC staff strive to help Veterans avoid inpatient hospitalizations, minimize the length of hospital stays, resolve current crises, help Veterans focus on maintaining safety, and help Veterans build/expand social support and maintain sobriety. The goal is to help Veterans build recovery skills so that they work towards, and reach their goals. As a team member, the resident both co-facilitates groups and provides clinical case management. As the year progresses residents have the opportunities to design and implement their own groups.

Residents are assigned 6-10 clinical case management clients and are expected to meet with them with them daily as needed. This number of clients will fluctuate depending on specific circumstances. Resident's preferences to work with someone of a particular age, diagnosis, or other aspect/demographic will be honored as much as possible. Residents are expected to attend morning rounds and afternoon team meetings 3-5 times each week and to complete requisite assessments, care planning and documentation.

### **Compensated Work Therapy/ Vocational Services**

The mission of the ECCC Vocational Service Programs is to assist Veterans' return to full, productive community participation, enabling each Veteran to work and function at their highest potential in the least restrictive setting possible. As such, much of the work is designed to offer individualized services to these ends. Vocational counselors provide assessment services including situational assessment, job seeking skills training, referral to community resources, supported employment, benefits counseling, and advocacy for psychiatric and medical treatment. Primary placement opportunities in CWT Transitional Work Program for the residents involve Vocational Counseling & Guidance, individual adjustment to disability counseling, assistance in developing employment goals, connecting Veterans with state services, job placement, and developing psycho-educational support groups.

### **Critical Time Intervention (CTI)**

The CTI program is designed to assist Veterans who are chronically homeless and have serious mental illness (SMI) secure stable housing and reintegrate into the community. CTI offers intensive case management services in collaboration with a community, non-profit partner operated transitional housing program, "Homes for the Brave" (HFTB). The CTI team provides services in the areas of psychiatric rehabilitation and medication management, money management, substance abuse treatment, Vet to Vet supports, vocational resources, permanent housing, and family interventions. CTI is a time limited

intervention, lasting a minimum of nine months and a maximum of one year. The primary goal of CTI is to reduce the re-occurrence of homelessness among persons with serious mental illnesses by increasing support when an individual first moves to more independent housing. Residents carry a caseload of 4-6 clients and provide a range of psychotherapeutic interventions. For some of the clients, residents serve as the primary clinician and for others they provide clinical case management and liaison with VA staff from the outpatient clinics and HFTB staff. Residents attend weekly CTI staff meetings (twice per week) and complete all requisite assessments and documentation.

### **Healthcare for Homeless Veterans (HCHV)**

The HCHV Program name is an umbrella title for VA homeless programs funded through the Strategic Healthcare Group for Mental Health Services of the Veterans Health Administration. HCHV services are targeted to homeless Veterans with mental health diagnoses and/or substance abuse problems who do not come to the VA medical center on their own. The team spends considerable time in the community, learning the terrain of the homeless and participating in local "sweeps" of areas known to be frequented by homeless individuals. HCHV staff provides community case management to Veterans in the early stages of their involvement with HCHV.

The residents, alongside HCHV staff, reach out and engage, serving homeless Veterans who have severely limited resources and who suffer from persistent psychiatric and substance abuse disorders. Clinicians and residents assess mental and healthcare needs and then link homeless Veterans with needed health care and other services, including basic needs. They help the Veteran access the full-range of multidisciplinary, bio-psycho-social and vocational programs through the VA Errera Community Care Center, and through an array of partnerships with federal, state, municipal and community-based partnerships. The resident may also be involved in developing quality permanent supported housing sites and services available to homeless Veterans.

### **Homeless Patient Aligned Care Team**

In 2012 a Homeless Patient Aligned Care Team was started at the Errera Community Care Center under the Direction of David Rosenthal, MD. Its mission is to provide tailored healthcare to Veterans who are homeless. Residents have the opportunity to provide integrated primary care services to the population in collaboration with the Wellness Center.

### **The HUD-VA Supported Housing (HUD-VASH) Program**

The HUD-VASH Program is a cooperative effort between the VA Connecticut Healthcare System, the U.S. Department of Housing and Urban Development and the City of West Haven Public Housing Authority. Through the HUD-VASH Program, Section 8 Vouchers are made available to homeless Veterans with psychiatric illnesses and/or substance abuse histories who need intensive clinical case management supports to obtain and maintain housing and live on their own. The program is designed to serve Veterans who are chronically homeless and require financial and structural supports to end the cycle of homelessness. The resident serves as a VASH clinician facilitating transitions and supports the Veteran as he or she strives to remain stably housed. The VASH clinician typically assists the Veteran in finding a suitable apartment, explaining the program to prospective landlords, contacting social service agencies; as well as teaching the

Veteran important skills such as budgeting, shopping and navigating public transportation.

### **Mental Health Intensive Case Management Program (MHICM)**

The Mental Health Intensive Case Management Program (MHICM) has a mission is to identify the highest users of inpatient psychiatric services and through assertive community based outreach promote, maintain, and/or restore the mental health of this Veteran population. The goal is to decrease the use of costly inpatient psychiatric services and to improve community functioning and adaptation. Veterans must have greater than thirty days of inpatient psychiatric hospitalization and/or three or more admissions within the previous calendar year. All admissions occur when Veterans are on the inpatient unit just prior to their discharge. A diagnosis of a severe mental illness must be present and may include psychotic, affective and/or personality disorders although a priority is given to Veterans with psychotic disorders. The four clinical characteristics of the MHICM program are: 1) Intensity. Veterans are seen as frequently as clinically indicated (one to five times/week). 2) Flexibility and Community Orientation. The majority (95%) of Veteran contacts occur in community settings where access to community networks are available and maximum clinical leverage may be obtained. 3) Practical Problem Solving. Clinical contacts emphasize practical problem solving, crisis resolution and adaptive skill building using community and clinical resources. 4) Continuity of Care. The MHICM staff are primary mental health providers.

As a MHICM team member, the resident serves as the primary clinician for 4 Veterans in the MHICM program. Service is provided primarily in the community either on an individual basis or teamed with another clinician, as indicated by the needs of the Veteran. In addition, the resident provides back-up coverage to other members of the team. There may be an opportunity to lead or co-lead a clinical group, and participate in therapeutic group activities in the community or at the ECCC. Team members attend two weekly rounds, one for administrative issues and acute clinical issues and the other for clinical issues only. Upon intake of a new Veteran to the program, the resident is expected to complete a treatment plan, bio-psycho-social assessment, and patient education note.

### **The ECCC Wellness Center**

The ECCC Wellness Center offers a comprehensive range of wellness services including physical exercise (with medical clearance), nutritional counseling, weight control and stress reduction and various other services. The staff work as a multidisciplinary team to address many aspects of wellness. The Wellness Center is staffed by a Ph.D. Psychologist, a Registered Dietitian, and an Exercise Specialist who work as a team to coordinate services which contribute to improving each Veteran's overall physical, nutritional and emotional wellness. The Center is equipped with cardiovascular exercise equipment such as elliptical machines, treadmills, bicycle machines, a multi-gym trainer and a range of weights, which provide opportunities for strength training and conditioning. The Wellness Center staff is also working toward providing as many of these services as possible in the community for Veterans who are unable to travel to the Wellness Center.

Residents are involved with leading and initiating groups, conducting community interventions, helping with research and program evaluation, offering direct clinical

services to Veterans, both individually and in groups and helping with program development.

### **The Inpatient Mental Health Recovery Unit**

VACT's inpatient recovery unit offers short-term treatment services for acute episodes of psychiatric illness and/or substance abuse. The unit's goal is to support Veterans such that they can improve their level of functioning, develop connection with outpatient treatments that will help promote community integration, and connect or reconnect them with their recovery.

This rotation provides training in 1) delivering consultation to a multidisciplinary team comprised of physicians, social workers, nurses, and other staff; 2) conducting brief, recovery-oriented therapy for the broad range of acute clinical presentations on the unit; 3) conducting psychoeducational and psychotherapeutic groups in an inpatient setting, including evidence-based practices; 4) adaptation of recovery principles (collaborative goal-setting, Veteran-centered care, etc.) to an inpatient setting; 5) provision of supervision of a psychology intern from a recovery perspective; and 6) other specific goals as determined by the PSR Fellow.

### **Resident and Program Evaluation**

Resident progress is assessed by clinical supervisors during the course of informal and formal supervision. Written and oral feedback is provided to residents, at a minimum, at 4-months, 8-months, and at the conclusion of 12-months of training. Residents review each evaluation form with the appropriate supervisor(s) before evaluation forms are signed by both faculty members and residents. Though the process of supervision may provide the primary feedback to the resident regarding progress toward goals and the development of targeted skills, the formal evaluations are considered essential for overview and the mutual communication of resident and supervisors regarding progress. Training plans should be revised accordingly to reflect new goals and objectives. This process is highly interactive between the resident and faculty. It is also further structured and monitored by the Residency Training Committee, which meets monthly.

Residents are also asked to evaluate the supervision provided by supervisor and primary preceptor at 4-months, 8-months and 12-months. At each four month interval, residents are also asked to complete the Professional Identity and Confidence Survey. The resident is also invited to complete program evaluation about the residency that looks at orientation, didactics and rotations. The form is used for feedback to the program. Residents are encouraged to provide honest and open feedback about their training experiences on all of these forms.

## Seminars

**Principles of Psychosocial Rehabilitation (Required):** This weekly didactic seminar mirrors our training philosophy on the scientist-practitioner model is taught by Sandy Resnick, Ph.D., and Marcia Hunt, Ph.D. and is designed to provide participants with a broad and thorough understanding of community psychology and PSR interventions, principles, theories, and current research. Seminars focus on the current evidence-based practices for people with severe mental illness, ethics and boundaries (and how they differ from those in traditional mental health), and other relevant topics. Readings are provided to enhance discussion during seminars. In the second half of the seminar, participants are encouraged to teach at least one seminar on an area of interest, and to submit abstracts for talks to be given at conferences such as the United States Psychosocial Rehabilitation Association yearly conference. If applicable, time is devoted to teaching the mechanics of giving PSR presentations, and providing feedback to participants as they rehearse these talks for presentation for larger audiences.

**The Leadership in Public Mental Health Systems (Required):** This monthly seminar series is co-facilitated by Anne Klee, Ph.D and Allison Ponce, Ph.D. as an elective for the Department of Psychiatry of the Yale School of Medicine. It is comprised of discussions on leadership, management styles and professional development. The sessions are typically held in the leader's office. Participants meet with a range of leaders and managers, who lead discussions on topics ranging from mentoring, decision-making, workforce development, career paths, negotiation styles and politics in organizations to leadership in education and community organizations.

**Clinical Consultation Meetings for Acceptance and Commitment Therapy, Social Skills Training, Illness Management and Recovery (ACT and SST Required):** Residents have the opportunities to learn these evidence-based practices. These consultation meetings run independently of one another. Residents attend respective consultation meetings while running these respective groups. Consultation meetings include processing past group sessions, reviewing skills, role playing exercises, and learning various theories as well as practice tools and techniques.

**Individual Process with Training Faculty (Required):** Residents meet with a faculty member to discuss program matters including administrative needs, educational plans, professional development, and systems issues.

**Professional Development Meetings for all Psychology Post-doctoral Residents (Required):** Alicia Heapy, Ph.D., Research Psychologist, and Anne Klee, Ph.D. facilitate a monthly meeting for all psychology post-doctoral residents at VACHS on professional development. Topics include: applying for a career development award, licensure requirements, studying for the EPPP, obtaining employment, and managing a research and clinical career.

**Diversity Seminar (Required):** Meets monthly over the course of the year for all psychology post-doctoral residents at VACHS. Topics and speakers are selected to increase self-awareness and improve delivery of care.

**Consultation Seminar (Required):** Meaghan Stacy, Ph.D., Local Recovery Coordinator, provides training and discussion of consultation at the individual, team, and system levels. This monthly, hour-long seminar includes didactic components and



opportunities to discuss and get group feedback about residents' consultation efforts. Other Discipline Directors of Training serve as discussants to provide multiple perspectives.

**VACHS Psychology Colloquia (Required):** The Psychology Service offers monthly colloquiums on the 2<sup>nd</sup> Thursday of each month. Local and national speakers present on an array of topics.

### **MEDICAL ROUNDS/MEETINGS (Elective)**

**Yale School of Medicine, Department of Psychiatry Grand Rounds (Elective):** Held weekly at the Connecticut Mental Health Center involve didactic presentations on a wide variety of mental health topics and medical illnesses (respectively) by both local and visiting scholars.

**Interdisciplinary Comprehensive Pain Management Rounds (Elective):** Residents can participate in the Interdisciplinary CPMC Rounds that are held weekly on Monday mornings for 60-90 minutes. Participating disciplines include experts from Anesthesiology, Neurology, Nursing, Physical Therapy, Pharmacy, and Psychology. There are two goals of this meeting. The primary goal is to develop comprehensive and integrative assessment and treatment plans for referred patients. Pre-doctoral psychology interns and post-doctoral residents are responsible for presenting results of a comprehensive pain assessment of patients referred to the CPMC. This presentation informs the development of the assessment and treatment plan. The Interns and Residents are subsequently responsible for documenting this discussion and plan and for coordinating implementation of the plan. The second objective of this meeting is an educational one. In addition to the exchange of knowledge as a function of the case discussions, members of the team volunteer to provide brief (typically 20-30 minute) presentations on a pain-relevant topic of interest.

### **Yale School of Medicine - Psychiatry Electives**

Yale Department of Psychiatry publishes elective courses open to trainees in the department. There are over 25 courses offered yearly and cover a broad range of topics including: (several on) psychotherapy, psychiatric epidemiology, neuropsychology testing, and psychiatry and the law.

### **Yale School of Medicine, Department of Psychiatry Division of Mental Health Services and Treatment Outcomes Research.**

Facilitated by Robert Rosenheck, M.D. and held monthly for the Yale School of Medicine and VA community. Speakers come from all over the country to present.

### **VACHS Mental Health Service Line Educational Meetings**

The Mental Health Service Line offers seminars to the entire service on relevant clinical topics for practitioners on the second Thursday of each month from 10 am -11 am.

## ***Training Staff***

There are over 80 professionals comprising the Psychology Service clinical, research, and post-doctoral staff at the West Haven campus. The staff represents a variety of orientations and psychology residents will have an opportunity to be supervised by different staff members. In addition, some consultation/supervision is often available from other ECCC staff and Yale consultants during the year of training. A brief description of current interests of members of both clinical and research staff involved with the residency follows:

***Lynette J. Adams, Ph.D.***, is the Women Veterans Program Manager at VA Connecticut Healthcare System. Her clinical interests are in serious mental illness and LGBT Healthcare. Her research interests are in the area of emotion regulation. Other general interests include diversity, social justice, and supervision/training. She is the director of the LGBT Track within the Interprofessional Fellowship and facilitates the diversity seminar series for psychology interns.

***John E. Beauvais, Ph.D.***, has clinical and research interests in the area of Clinical Neuropsychology. He is actively researching the neuropsychological aspects of patients with HIV infection and with Multiple Sclerosis. He also researches innovative approaches to assessment (e.g., the Tactile Wisconsin Card Sorting Test).

***Joshua S. Bullock, Ph.D.***, has a clinical and research interest in serious mental illness and psychosocial rehabilitation. Clinical and supervisory activities include individual and group psychotherapy in outpatient and day program settings, as well as supervision of trainees in community case management and evidence based practices for serious mental illness.

***Audra Crutchfield, Ph.D.***, is the facility Local Recovery Coordinator. Her clinical interests center on serious mental illness, particularly psychotic disorders and major affective disorders, psychosocial rehabilitation, and evidence-based interventions for individuals with SMI. Research interests include program development/evaluation of treatments for SMI as well as how deficits in social cognition and neurocognition impact the recovery and community functioning of Veterans with serious mental illness.

***Jason C. DeViva, Ph.D.***, has clinical and research interests in the areas of PTSD, sleep, and treatment utilization. Clinical and supervisory activities include outpatient individual and group cognitive-behavioral therapy for Veterans with posttraumatic stress disorder and associated conditions, as well as consultation in the administration of acceptance and commitment therapy in a variety of settings.

***Christine Franco, Ph.D.*** has research and clinical interests in the field of addictions, specifically within the area of gambling and gambling treatment. Her current clinical work includes individual psychotherapy and rehabilitative recovery and support for Veterans diagnosed with co-occurring mental health and substance use disorders.

***Joanna Fiszdon, Ph.D.***, is the Director of the Cognitive Skills Clinic, Director of the Incentive Work Therapy Program and Director of the Psychosocial Rehabilitation section of the Psychology Service. Dr. Fiszdon's research interests focus on: neurocognition, social cognition, and other factors affecting functional outcomes, as well as the

development and evaluation of behavioral interventions for individuals with psychotic disorders. Dr. Fiszdon is actively involved in peer-reviewed research, and has several funded ongoing studies, including a clinical trial evaluating the efficacy of a social cognitive intervention, and a trial of motivational enhancement for cognitive rehabilitation.

**Alicia A. Heapy, Ph.D.**, is a research psychologist involved in protocol development and refinement, participant recruitment, evaluation and treatment of participants and data management and analysis in two ongoing clinical trials of psychological treatments for chronic pain. Her research interests include diabetic regimen adherence, clinical trials research and chronic pain.

**Carol C. Hendricks, Ph.D.**, is a clinical psychologist with clinical, supervisory and research interests in the provision of health and wellness services to patients with severe and chronic mental illnesses. She is the Director of The Wellness Center at the Errera Community Care Center, which provides physical fitness training, nutritional counseling and health psychology

**Marcia Hunt, Ph.D.**, serves as the Program Manager for the VA Central Office Mental Health Intensive Case Management Program based at the Northeast Program Evaluation Center in West Haven. She has research and clinical interests in psychosocial rehabilitation and recovery-oriented care, family therapy, aging and lifespan development, and the development and support of valued social roles for marginalized individuals--including those with serious and persistent mental illness.

**Anne Klee, Ph.D., CPRP**, serves as the Director of the Interprofessional Fellowship on Psychosocial Rehabilitation, the Director of Peer Services and as the Director of Community Development and Partnerships. She has clinical and research interests in the field of psychosocial rehabilitation, peer support, technology, supportive housing, and health promotion among individuals with severe mental illness.

**Stephanie Lynam, Psy.D.** has clinical and research interests in serious mental illness, chronic homelessness and psychosocial rehabilitation. Clinical and supervisory activities include individual and group psychotherapy in outpatient settings, as well as supervision of trainees in community case management, evidence based practices for serious mental illness and multidisciplinary collaborative assessment approaches to inform treatment of individuals diagnosed with severe mental illness.

**David T. Pilkey, Ph.D.**, has research and clinical interests in the field of addictive behaviors. He is the director of the Substance Abuse Day Program, a multidisciplinary treatment team. Current research is focused in alcohol and tobacco cessation.

**Sandra G. Resnick, Ph.D.**, is Deputy Director of the Department of Veterans Affairs Northeast Program Evaluation Center (NEPEC), where she is responsible for development and implementation of Measurement Based Care, national program evaluation of the Compensated Work Therapy (CWT) program, and overseeing the national dissemination and implementation of supported employment. She conducts research in several areas of psychiatric rehabilitation, and has clinical interests in the application of positive psychology for those with severe mental illness.

**Meaghan Stacy, Ph.D.** is the Local Recovery Coordinator at VA Connecticut. She has clinical and research interests in the area of SMI, psychiatric rehabilitation, as well as stigma and recovery-oriented attitudes. She is currently involved in the inpatient transformation to recovery-oriented care, the SMI Re-Engagement Directive, and supervises the screening clinic for outpatient mental health services.

**Howard R. Steinberg, Ph.D.**, has clinical and research interests in the field of addictive behaviors. He is currently involved in clinical research investigating treatments for concurrent alcohol and tobacco use.

**Jack Tsai, Ph.D.**, is primarily engaged in clinical services and research related to severe mental illness, homelessness, and posttraumatic stress disorder. He is focused on improving health services for individuals in these populations through program evaluation, testing new interventions, and understanding access to care.

**Wayne Zito, Psy.D.**, has research background in the area of vocational and cognitive remediation for individuals diagnosed with schizophrenia. Clinical and supervisory activities include outpatient group and individual psychotherapeutic interventions for patients diagnosed with SMI and severe personality disorders.